Licensee Name/Address Change Request

THIS FORM IS TO BE USED TO CHANGE THE MAILING, RESIDENT AND/OR BUSINESS ADDRESS, AND AN <u>INDIVIDUAL'S</u> NAME.

Agencies must make name change on Form LHL203 LDTL

Licensees are required to notify TDI within 30 days of an address change (TIC § 4001.252)

PLEASE FILL IN ON COMPUTER AND PRINT, OR PRINT CLEARLY BY HAND

TDI License Number	DDL (OATION)	
LOCATED ON BOTH LICENSE AND RENEWAL AP	PLICATION	
Name of Agent/Agency		
NAIVIE SHOWIN ON LICENSE		
Name Change		
FOR INDIVIDUALS ONLY-New Name (Additional docum An agency requesting a name change must submit a co		• , ,
	·	
OFFICIAL MAILING ADDRESS: This is the official add delivery of original and renewed license, service of pro		
STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX NUMBER		
CITY	STATE	ZIP CODE
OFFICIAL RESIDENT ADDRESS: This is the address who determine the state of residence for licensing purposes.	nere you live and the addi ses.	ress on your driver license. The address is used to
STREET, PHYSICAL LOCATION		
CITY	STATE OF DRIVER LICENSE IS	SUE ZIP CODE
BUSINESS ADDRESS: This address is the physical local will not be used for official correspondence from this definition.		ncy's office. It is for reference purposes only, and
will not be used for official correspondence from this di	epartment.	
STREET, PHYSICAL LOCATION OR ROUTE P.O. BOX NOT ALLOWED		
CITY	STATE	ZIP CODE
Daytime Phone Number:	Email Address:	
Signature MUST BE SIGNED BY AGENT-IF FOR AN AGENCY, AN OFFICER	OR PARTNER MUST SIGN	DATE
Print Name		

COMPLETED FORM MAY BE MAILED, E-MAILED OR FAXED TO:

Texas Department of Insurance

P.O. Box 149104, MC 107-1A Austin, Texas 78714-9104: LICENSE@tdi.texas.gov

FAX: (512) 490-1029

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